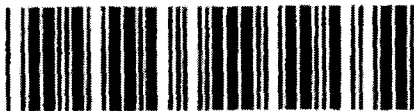


B0027-9095 01/10/2019 1:21 PM Received by ID Secretary of State Lawrence Denney



# Idaho Limited Liability Company Annual Report Form

File online at: SOSBiz.idaho.gov

Due on/Before: 12/31/2018

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

**Annual Report: No filing fee if received by due date.**

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 441352

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/04/2014

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

CITYSIDE PLAZA LLC

167-04 NORTHERN BLVD

FLUSHING, NY 11358

## Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

BRON RAMMEL

216 W WHITMAN ST

POCATELLO, ID 83204

Note: The Registered Office address must be a physical Idaho address (no postal box).

## (3) New Registered Agent (RA) Signature:

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PAUL LUCIANO	167-04 Northern Blvd.	Flushing, NY 11358
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Paul Luciano*

(6) Date:

1/10/19

(7) Type/Print Name:

PAUL LUCIANO

(8) Title:

OWNER/MEMBER

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.